



## Dr. A. Charles Ware SPEAKER REQUEST FORM

If you would like to invite Dr. Ware to speak at your church service or event, please complete this form in its entirety and email it to [deboraterry@GraceRelations.onmicrosoft.com](mailto:deboraterry@GraceRelations.onmicrosoft.com).

Your request will be considered after we receive this completed form. Thank you!

**The form can be downloaded, filled out, scanned using a mobile phone and photos emailed. Alternatively, form can be sent via postal mail.**

### General Information

Meeting Date(s): \_\_\_\_\_ Church/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Time Zone: \_\_\_\_\_ Fax: \_\_\_\_\_

Meeting Address if different: \_\_\_\_\_

Meeting days & times: \_\_\_\_\_

Meeting Theme: \_\_\_\_\_ Assigned Topic and/or Scripture: \_\_\_\_\_

Length of Message(s): \_\_\_\_\_

What is your desired outcome from this meeting? \_\_\_\_\_

\_\_\_\_\_

### Audience

Approximate Size of Audience: \_\_\_\_\_ Age Range: \_\_\_\_\_

Uniqueness of Audience: ☐ Multicultural ☐ White ☐ Black Other \_\_\_\_\_

Type of Meeting (church service, conference, etc.): \_\_\_\_\_

Dress Code (suit, tie, casual, etc.): \_\_\_\_\_

Comments: \_\_\_\_\_

### Recording and Technology

Please check all that you will provide:

☐ Wireless Mic ☐ PowerPoint Projector ☐ Presentation Computer ☐ Video Cable ☐ Screen

Is recording equipment radio quality? ☐ Yes ☐ No

If so, will you provide Dr. Ware a recording of his message(s)? ☐ Yes ☐ No

## Release Statement

We authorize Dr. Ware to use in whole or in part such recordings or photographs for purposes of publicity, advertising and promotions and sales.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Airport Information

If flying, what airport should Dr Ware fly into? \_\_\_\_\_

## Accommodations

When should Dr.Ware plan to arrive (date & time, time zone)? \_\_\_\_\_

If overnight, where will he be staying?

Name of Hotel: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and phone number of person picking up Dr Ware: \_\_\_\_\_

## Honorarium & Expenses

Please write a separate check for the Honorarium and Total Expenses. Honorarium and travel expense checks should be made payable to Dr. Charles Ware. Checks can either be given to Dr. Ware or mailed to Dr. Ware at 8503 Bent Tree Court, Indianapolis, IN 46260.

Honorarium ☐ Will Be Paid ☐ Will Not Be Paid

Dr. Ware's Travel Expenses ☐ Will Be Paid ☐ Will Not Be Paid

Dr. Ware's Wife's Travel Expenses ☐ Will Be Paid ☐ Will Not Be Paid

Food Expenses ☐ Will Be Paid ☐ Will Not Be Paid

## Resources and Information Table

We would like to serve you by offering a selection of books, CDs and DVDs at this event. Please check all boxes that apply below. ***GOD BLESS YOU!***

☐ We will allow you to sell resources. ☐ We will allow you to promote College of Biblical Studies.

**Will you assist Dr. Ware by providing the following?** (please check):

☐ 8ft table to display resources and literature. (positioned wherever is convenient for the sponsor)

☐ Someone to assist with sales who has good math skills.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please email promotional literature or website link.***